

Delamere & Cohen, LLC.
Attorneys at Law

P.O. Box 537
Stoughton, MA 02072

TELEPHONE: (781) 344-0012
FACSIMILE: (781) 436-3621

January 11, 2006

Ms. Amy Widergren
Hanover Insurance Company
P. O. Box 9159
Braintree, MA 02184

RE: Our Client: Jill Swartzendruber
Your Insured: JDL Realty Trust, LLC
Date of Loss: 08-23-2004
Your File No.: 03-378898

Dear Ms. Widergren:

Enclosed please find my client's executed release in the amount of \$12,000.00. Please forward your check in the amount of \$12,000.00 made payable to **Jill Swartzendruber and Delamere & Cohen, LLC** as soon as possible. Our Taxpayer ID Number is **20-4061837**. **Please note our new mailing address above.**

It has been a pleasure working with you on this file, please do not hesitate to call if you have any questions.

Very truly yours,

David M. Cohen

DMC/dmc

RELEASE AND SETTLEMENT OF CLAIM

FOR THE SOLE CONSIDERATION of Twelve Thousand Dollars and No Cents (\$12,000.00), to me in hand paid, the receipt of which is hereby acknowledged, I, **Jill Swartzendruber**, Client, **RELEASOR**, being over 18 years of age, do hereby release and forever discharge, **JDL Realty Trust, LLC, Marc LeBeaux and Hanover Insurance, RELEASEES**, from any and all claims, demands, rights, actions or causes of action on account of or in any way growing out of any and all personal injuries (and consequences thereof, including death, and specifically including, also, any injuries which may exist, but which at this time are unknown and unanticipated and which may develop at some time in the future, and all unforeseen developments arising from known injuries) from an accident that occurred on or about the **23rd day of August, 2003**, and do hereby and for myself, my heirs, executors, administrators, successor, assigns and next of kin covenant to indemnify and save harmless the said above-named **RELEASEES** and said persons, firms or corporations above-referred to, from all claims, demands, costs, loss of services, expenses, and compensation on account of or in any way growing out of said accident or its results both to person and property. This release includes unpaid outstanding medicals above \$2,110.00.

IT IS EXPRESSLY UNDERSTOOD AND AGREED THAT the acceptance of the said above amount is in full accord and satisfaction of a disputed claim and that the payment of the said above amount is not an admission of liability.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 11th day of January, 2006.

Signature: _____

Jill Swartzendruber

CERTIFICATE OF WITNESS

I CERTIFY THAT THIS RELEASE was signed in my presence by the above, **Jill Swartzendruber**, who acknowledged that she understood it fully.

Witness: _____

Name

Address

Delamere & Cohen, LLC.

Attorneys at Law

560 Bay Road
South Easton, Massachusetts 02375

TELEPHONE: (781) 297-0005
FACSIMILE: (781) 297-7427

FAX COVER SHEET

Page 1 of 2

TO: Ms. Jill Swartzendruber

PHONE: 508-326-6525

FAX: 508-644-2090

RE: Release,

Date: January 11, 2006

Time: 1:20 PM

FROM: David M. Cohen

PHONE: 781-297-0005

FAX: 781-297-7427

Please phone 781-297-0005 if you do not receive all pages or if you receive any illegible facsimiles.

Message: Jill, this release includes outstanding medicals to Carnabucci, Good Samaritan and AMR. I will work to negotiate them down, they must be paid out of the settlement. They total \$2,441.34. I should be able to get them reduced significantly. Please fax the signed release to (781) 436-3621.

The information contained in this facsimile message is attorney privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us by telephone and return the original message to us at the above address via the U.S. Postal Service. Thank you.

Delamere & Cohen
Attorneys at Law

294 PLEASANT STREET, SUITE 204
STOUGHTON, MASSACHUSETTS 02072

TELEPHONE: (781) 344-0012
FACSIMILE: (781) 436-3621

E-MAIL: david@bierlaw.com

January 19, 2006

Anne Hutton-Palmer, Senior Claim Representative
Liberty Mutual
114 Turnpike Road
Westboro, MA 01581

RE: Our Client: John Melo
Your Insured: Raul Melo
Date of Loss: 01-25-2005
Your File No.: LA179-5517872

Dear Ms. Hutton-Palmer:

Enclosed please find my client's executed release in the amount of \$4,000.00. Please forward your check in the amount of \$4,000.00 made payable to **John Melo** and **Delamere & Cohen, LLC** as soon as possible. Our Taxpayer ID Number is **20-4061837**.

It has been a pleasure working with you on this file, please do not hesitate to call if you have any questions.

Very truly yours,

David M. Cohen

DMC/dmc

FOR THE SOLE CONSIDERATION of Four Thousand Dollars and No Cents (**\$4,000.00**), to me in hand paid, the receipt of which is hereby acknowledged, I, **John Melo**, Client, **RELEASOR**, being over 18 years of age, do hereby release and forever discharge, **Raul Melo** and **Liberty Mutual Insurance, RELEASEES**, from any and all claims, demands, rights, actions or causes of action on account of or in any way growing out of any and all personal injuries (and consequences thereof, including death, and specifically including, also, any injuries which may exist, but which at this time are unknown and unanticipated and which may develop at some time in the future, and all unforeseen developments arising from known injuries) from an accident that occurred on or about the **25th day of January, 2005**, and do hereby and for myself, my heirs, executors, administrators, successor, assigns and next of kin covenant to indemnify and save harmless the said above-named **RELEASEES** and said persons, firms or corporations above-referred to, from all claims, demands, costs, loss of services, expenses, and compensation on account of or in any way growing out of said accident or its results both to person and property.

IT IS EXPRESSLY UNDERSTOOD AND AGREED THAT the acceptance of the said above amount is in full accord and satisfaction of a disputed claim and that the payment of the said above amount is not an admission of liability.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 20th day of January, 2006.

Signature: _____
John Melo

CERTIFICATE OF WITNESS

I CERTIFY THAT THIS RELEASE was signed in my presence by the above, **John Melo**, who acknowledged that he understood it fully.

Witness: _____
Name

Address

PI0082 **